

Revision: HCFA-PM-91-8 (MB)  
October 1991

ATTACHMENT 4.22-C  
Page 1  
OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

Citation	Condition or Requirement
1906 of the Act	State Method on Cost Effectiveness of Employer-Based Group Health Plans

NOT APPLICABLE

TN No. 91-29  
Supersedes None-New Page Approval Date JUN 11 1993 Effective Date JAN 01 1991  
TN NO. None-New Page HCFA ID: 7985E

U.S. Government Printing Office : 1991 - 312-149/403

STATE <u>Louisiana</u>	A
DATE REC'D <u>DEC 30 1991</u>	
DATE APP'VD <u>JUN 11 1993</u>	
DATE EFF <u>JAN 01 1991</u>	
HCFA 179 <u>91-29</u>	